

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Summary of Changes

Lease Name and Number: Gerken T-4

API/Permit #: 15-121-31124-00-00

Doc ID: 1271087

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Producing Formation	Cattleman	Second Squirrel
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1269097	../..kcc/detail/operatorEditDetail.cfm?docID=1271087



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1269097
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Miami County, KS
 Well: Gerken T-4
 Lease Owner: Triple T

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 10/19/2015

WELL LOG

Thickness of Strata	Formation	Total Depth
0-12	Soil-Clay	12
35	Lime	47
8	Shale	55
19	Lime	74
4	Shale	78
2	Lime	80
4	Shale	84
6	Lime	90
22	Shale	112
8	Sand	120
3	Limey Sand	123
50	Sandy Shale	173
87	Shale	260
5	Lime	265
29	Shale	294
7	Lime	301
20	Shale	321
10	Lime	331
12	Shale	343
4	Lime	347
6	Shale	353
5	Sand	358
30	Lime	388
4	Shale	392
4	Lime	396
59	Shale	455
4	Sandy Shale	459
6	Sand	465
12	Sandy Shale	477
9	Sand	486
1	Shale	487
6	Sand	493
1	Coal	494
2	Lime	496
64	Shale	560-TD

Log Book

Well No. T-4

Farm Gerken

KS Miami
(State) (County)

29 18 24
(Section) (Township) (Range)

For Triple T Oil
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-12	Soil-clay	12	
35	Lime	47	
8	shale	55	
19	Lime	74	
4	shale	78	
2	Lime	80	
4	shale	84	
6	Lime	90	Hertha
22	shale	112	
8	sand	120	odor- slight show
3	limy sand	123	
50	sandy shale	173	
87	shale	260	
5	Lime	265	
29	shale	294	
7	Lime	301	
20	shale	321	
10	Lime	331	
12	shale	343	
4	Lime	347	
6	shale	353	
5	sand	358	no oil
30	Lime	388	
4	shale	392	
4	Lime	396	
59	shale	455	
4	sandy shale	459	



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-467-8876

4557
WUB

TICKET NUMBER 49859
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-15	7966	Coaker T-4	N629	15	24	M1
CUSTOMER			TRUCK#			
Triple T Oil			DRIVER			
MAILING ADDRESS			TRUCK#			
P.O. Box 329			DRIVER			
CITY		STATE	ZIP CODE			
Louisburg		KS	66053			

JOB TYPE Long String HOLE SIZE 5 7/8 HOLE DEPTH 560 CASING SIZE & WEIGHT 276 EUE
 CASING DEPTH 550' DRILL PIPE _____ TUBING 517 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32' + Plug
 DISPLACEMENT 3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48PPM

REMARKS: Hold Safety meeting. Establish pump rate. Mix + Pump 100' Gal Flush. Mix + Pump 70 SKS Por Bland T A Cement 2 3/4" Cement to Surface. Flush pump + lines clean. Displace 2 3/4" Rubber plug to baffle in casing. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

TOWS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	—	MILEAGE	N/C	
CE0716	1/2 Minimum	Ton Miles	548	330.00
WE0853	1 hr	60 BBL Voe Truck	675	100.00
		Sub Total		1930.00
		Less 460		- 667.00
				1042.00
CC5540	70 SKS	Por Bland T A Cement	9.75	682.50
CC5765	215#	Bentonite Gal.	6.50	1402.50
CP5176	1	2 3/4" Rubber Plug	45.00	1447.50
		Sub Total		1855.40
		Less 460		- 465.45
				565.93
		8%	SALES TAX	45.52
			ESTIMATED TOTAL	1657.21

AUTHORIZATION [Signature] TITLE _____ DATE 30/6/83

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.